

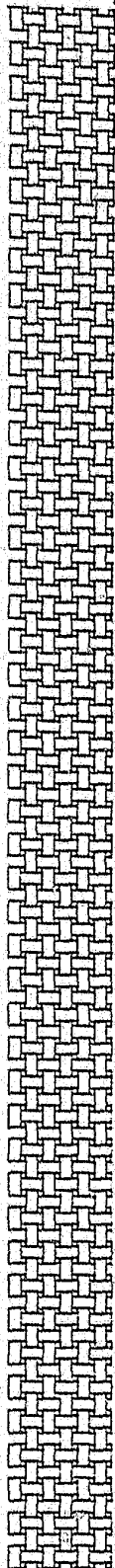
**Evaluation of  
The ARK Program  
for Retarded Offenders**



STATE  
OF  
FLORIDA  
DEPARTMENT  
OF  
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AND  
REHABILITATIVE  
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EVALUATION OF  
THE ARK PROGRAM  
FOR RETARDED OFFENDERS

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ACQUISITIONS

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## EXECUTIVE SUMMARY

The ARK is a community-based residential treatment program for mildly (56-69 IQ range) and moderately (40-55 IQ range) retarded juvenile offenders. During the first eleven months of program operation, April 1979 through February 1980, a total of 28 referrals were made for placement at the ARK. Eleven of these referrals were admitted as new clients. None of these clients were successfully released to the community during the period studied. The original program proposal projected that the average length would be one to two years.

The variety of referral sources reflects the success achieved in obtaining referrals from appropriate resources. Thirty-nine percent of all referrals were committed youth who had already been placed in a Youth Services institution (training school). Forty-three percent of all referrals were from HRS districts. Most of these youth were in detention awaiting placement in a Youth Services commitment program. Eighteen percent of all referrals were made by Sunland Programs for the retarded.

Despite the variety of referral sources, the referral process was stymied by a shortage of eligible referrals. Except for one youth, all of the referrals from training schools were recorded during the month of February 1979. It is known that in March 1979 the two largest institutions reported the names of more than 100 youth with IQ scores in the mildly and moderately retarded ranges. It is unclear exactly why just a few of these youths were never officially picked up as referrals for placement. There is a need for clarification of the formal referral process. Specifics need to be spelled out regarding the responsibilities of and the procedures to be used by the different HRS and ARK program components involved.

Six of the eleven new clients admitted were eventually released from the program. The population, as of March 1, 1980, was five clients. Five of the six clients released were unsuccessful transfers, producing an in-program failure rate of 45 percent. The only meaningful difference found between the unsuccessful transfers and those who remained in the program was in the number of prior referrals for violent offenses. The two groups were essentially the same when other client characteristics, including the total number of previous referrals, were considered. The difference in referrals for violent offenses implies that the ARK program is most ineffective in maintaining and successfully treating clients who have an established record of violent behavior based on previous referrals.

The program objectives described in the original grant application specified non-violent retarded offenders as the target population to be served. Clients with a history of violent behavior were admitted into the program because of the shortage of eligible referrals. On the basis of program experience, however, a demonstrated history of violent behavior should be one of the criteria used to screen referrals for admission to the program. The incorporation of screening criteria to exclude potentially violent offenders should assist the ARK in meeting its program objectives by enhancing client targeting and reducing the in-program failure rate.

The treatment intention of the ARK is to provide services in a highly normalized home setting where the majority of training takes place in the context of regularly occurring daily activities. An individualized active treatment program is developed for each client. Client-oriented objectives are developed in specified areas of personal and social skills necessary for eventual independent living.

During the eleven months period studied, ARK clients received services in nine of the thirteen treatment areas specified in HRS habilitation plans. The areas emphasized most were self-care skills, daily living skills, social skills, human growth and development, and therapeutic recreation. These areas of emphasis reflect treatment priorities based on individual needs assessments by program staff as well as those identified in the habilitation plans.

Data gathered regarding rule violations, unusual incident reports and program level advancement indicates that, even though inconsistent, clients have shown progress in reducing the frequency of maladaptive behavior. Differences in pre-test and post-test scores on two assessment instruments indicate increased knowledge and skills in several areas of personal and social life functioning.

Data on community adjustment, or the long-term outcome of program treatment, will not be available until the first ARK clients have been released to the community and enough time has been allowed for a meaningful follow-up period.

The actual cost per child day of \$91.59 for clients served at the ARK during the 1979 calendar year was much higher than the budgeted cost of \$56.58. Actually, the cost figure is distorted by factors that center around the limited volume of clients handled during 1979. First of all, the program did not begin to accept clients until April 1979. In addition, the number of child days was greatly reduced because of the shortage of eligible referrals and problems encountered as a result of admitting youth with a history of violent behavior. As expected, these clients proved to be too aggressive for program participation. Not only were child days lost due to extensive runaway and detention periods, but most of these clients were eventually transferred out to more

secure placements. If the program had been utilized at full capacity throughout the period considered, the actual cost per child day would have been \$43.87, which is smaller than the budgeted cost.

In terms of cost-effectiveness, there is an obvious need for the full utilization of program capacity. During the second year of operation, the ARK is expected to operate at capacity. Because of the addition of four foster satellite beds in the community, the total population served will be ten rather than six clients. Providing these placements, at little additional cost, will have a substantial impact upon reducing the cost per client.

## EVALUATION OF THE ARK PROGRAM FOR RETARDED OFFENDERS

### A. PROGRAM DESCRIPTION

The ARK is a community-based residential treatment program for retarded juvenile offenders operated by the Leon Association for Retarded Citizens (LARC) under a purchase of service contract with the Florida Department of Health and Rehabilitative Services (HRS). This program was originally conceived to deinstitutionalize retarded delinquents charged with non-violent offenses. The HRS Youth Services Program Office, in collaboration with the HRS Developmental Disabilities Program Office, prepared and submitted to the Law Enforcement Assistance Administration (LEAA) a grant proposal to fund a program to more appropriately handle these youth in a small community-based facility. In August 1978 LEAA awarded HRS \$200,000 (\$100,000 per 12 months period) to operate a pilot residential program to provide alternative treatment for retarded delinquents who would otherwise be institutionalized. Purchase of service proposals were requested and a contract was subsequently signed between HRS District II and the LARC on January 2, 1979. The program admitted its first clients in April 1979.

The program is based on a treatment model which consists of a six bed residential group home and two to four satellite community placement beds. The satellite placements are scheduled to be made operational during the second year of the grant. They will be used for current clients whose behavior has improved but who have no appropriate aftercare alternatives. The length of stay in the program is expected to be one to two years dependent upon subsequent placement alternatives available to the child. The strength of the model is that the community satellite beds offer the capability for expansion of the service with little or no additional costs. The staff attached to the residential home will provide technical assistance and training to participating foster families.

The facility itself is staffed by a Behavior Specialist, a live-in Teaching Parent, a Training Aide and a Housekeeper/Cook during the week. On the weekend the staff includes a Recreation Aide, a Relief Parent, a Training Aide and a Training Aide for the nightshift. The awake evening staff are considered necessary to assure adequate supervision and protection for minors who are retarded. The staffing pattern also assures that during an emergency or crisis there will always be someone to provide supervision for those clients not directly involved.

Listed below are the client-oriented objectives of the program.

1. To increase the knowledge and skills of clients in the following areas, as needed:
  - a. Sex Education
  - b. Personal Care
  - c. Leisure/Recreation
  - d. Community Orientation
  - e. Home Management
  - f. Personal Finances
2. To decrease the frequency of maladaptive behaviors of clients.
3. To coordinate the following client services:
  - a. Other purchased services indicated by the Habilitation Plan.
  - b. Educational services provided by the Leon County Public School System.

The intention of LARC is to provide the services in a highly normalized home setting where the majority of training takes place in the context of regularly occurring daily activities. Each child is expected to be an active participant in his treatment program and to accept responsibility for personal and family maintenance in accordance with his level of functioning.



B. EVALUATION RESEARCH DESIGN

The purpose of this section is to specify the research design developed to evaluate the overall treatment effectiveness of the ARK. This Youth Services program was intended to serve as a pilot residential program for the deinstitutionalization and treatment of mentally retarded juvenile offenders.

The original program proposal as well as the Youth Services Grant Application includes several requirements for this program evaluation. In particular, an experimental design utilizing a common pool of eligibles was specified. This design would use an experimental and control group to be compared on such factors as length of stay, cost per case, in-program failure rate, recidivism and adaptive behavior level. This type of evaluative design would be supported by available program and Youth Services data including recapitulation reports, designated assessment instruments, client/program records and community follow-up.

Based on the pilot or demonstration status of the ARK, discussions with relevant officials and a review of the basic program documentation, the following evaluation research design for assessing treatment effectiveness was developed and is described below.

LONGITUDINAL STUDY EMPLOYING A PRESCREENED  
CONTROLLED QUASI-EXPERIMENTAL DESIGN

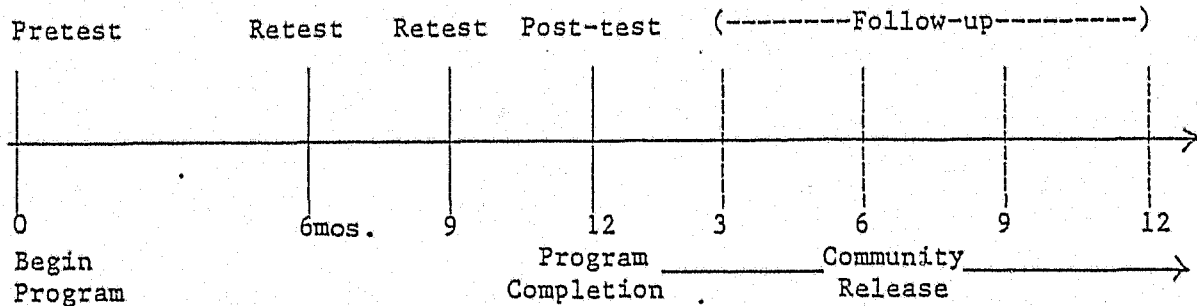
S <sub>1</sub>	Ineligibles:	O <sub>1</sub>						O <sub>4</sub> (Optional)
S <sub>2</sub>	Eligibles:	O <sub>2</sub> :	M Treatment:	X	O <sub>5</sub>	O <sub>7</sub>	O <sub>9</sub>	.....
		O <sub>3</sub> :	M Comparison		O <sub>6</sub>	O <sub>8</sub>	O <sub>10</sub>	.....O <sub>N</sub>

In the above, S<sub>1</sub> represents the subjects (cases) screened out as Ineligible for the program, and S<sub>2</sub> represents the Eligibles who qualify for the program. O<sub>1</sub>, O<sub>2</sub> and O<sub>3</sub> represents initial observations of the ineligible and eligible groups to determine what attributes differentiate them. These initial observations are extremely important for three reasons; 1) generalizations from the treatment program will only be applicable to cases resembling those in S<sub>2</sub>, the eligibles who participate in the program and whose cases are matched to those of a comparison group, 2) initial observations establish a baseline of performance by which subsequent outcome measures may be compared, and 3) to validate the comparability of the treatment and comparison groups. O<sub>5</sub> through O<sub>N</sub> are criterion or outcome observations of the treatment and comparison groups taken at periodic intervals

during participation in the program (to measure progress) and/or after program completion (follow-up). O4 is optional, a later observation of the screened out ineligible cases to determine how their outcome compares with those of the treatment and comparison groups as indicated by O5 and O6.

The collection of outcome data at periodic intervals is the basis for the longitudinal component of the design and is presented diagrammatically below.

#### PERIODIC COLLECTION OF OUTCOME DATA



This type of longitudinal study is recommended for the following reasons; 1) given the demonstration status of the program and due to the substantial amount of time before meaningful follow-up data will be available and analyzed, earlier evaluation feedback (progress) may be beneficial, and 2) repeated outcome measures at periodic intervals after release should provide information as to the short-term and long-term effects of the treatment program.

#### CONTROL IN A QUASI-EXPERIMENTAL DESIGN

By way of further clarification, several comments regarding the suggested use of a quasi-experimental as opposed to a classical experimental model are required. The principal axiom on which the classical experiment rests is that cases being analyzed are selected at random from the larger population and that each program participant has an equally likely chance of being assigned either to the experimental or the control group (random assignment). In addition, for randomness to be effective a larger number of cases is required ( $n > 30$ ). In the case at hand these conditions are violated at the outset as a set of specific criteria are applied in selecting the small number of program participants ( $n < 10$ ). As a result, the suggested alternative is a quasi-experimental design employing matched "treatment" and "comparison" groups instead of the randomly assigned "experimental" and "control" groups of the classical model. It is held however, that this use of a matched comparison group will be effective in ruling out (controlling for)

many of the possible contentions that events beyond the scope of the program are responsible for the observed changes in the treatment group.

#### EVALUATIVE FRAMEWORK

Table 1 presents an organizing framework for the major variables and their respective roles in the evaluation of this program for retarded offenders. These variables are organized into three groups representing program outcomes (dependent variables), and client characteristics (control variables) respectively.

Table 2 identifies the relationship between those primary program objectives outlined in the original grant proposal and the specific outcome indicators to be used to assess the extent to which these objectives have been met. These outcome indicators to be used in this program evaluation are classified according to their role as short-term or long-term outcome indicators.

#### DATA COLLECTION INSTRUMENT

A data collection instrument was developed and pre-tested for the ARK evaluation, based on the data requirements for a longitudinal study employing a pre-screened controlled design. This instrument is included in the appendix and is entitled the "ARC Evaluation Case Summary" which is subdivided into the following sections:

- I. Client Information
- II. Client History
- III. Program History
- IV. Test Scores Summary
- V. Post Release Follow-up

Specifically, the first "Client Information" section (Items 1-13) includes demographic and identification data for those clients admitted to the ARK program. The second section on "Client History" (Items 14-26) provides information on each client's present and prior interactions with the state's juvenile justice system. The third section on "Program History" (Items 27-30) summarizes areas of program service delivery and client progress including client rule violations, unusual incident reports and level advancement. Section four, "Standardized Test Scores Summary" (Items 31-34) compiles pre-test and retest scores for the LARC Group Home Assessment, the Sexual

TABLE 1

EVALUATION FRAMEWORK FOR ARK PROGRAM

PROGRAM OUTCOMES	PROGRAM SERVICES AND PROCESSES	CLIENT CHARACTERISTICS
1. Program Adjustment	1. Services Delivered	1. Age
2. Community Adjustment	2. Client Movement	2. Sex
3. Increased Knowledge and Skills	3. Length of Stay	3. Race
4. Coordinated Individualized Service Delivery	4. Source of Referral	4. Family Characteristics
	5. Time between Referral and Admission	5. IQ
	6. Program Rule Violations	6. Education
	7. Unusual Incident Reports	7. Current Offense and Disposition
	8. Program Level Advancement	8. Prior Juvenile Record
	9. Time Between Referral and D&E	9. Previous Placement History
		10. Time Since Community Release

TABLE 2

ARK OBJECTIVES AND RELATED OUTCOME INDICATORS

PROGRAM OBJECTIVES	SHORT-TERM INDICATORS (Program Adjustment)	LONG-TERM INDICATORS (Community Adjustment)
I. Decrease frequency of delinquent and other antisocial (maladaptive) behaviors.	1. Unusual Incident Reports 2. Rule Violations 3. Program Level Advancement 4. Adaptive Behavior Scale (ABS)	1. Adaptive Behavior Scale 2. Follow-up Recidivism
II. Increase knowledge and skills in specified areas as follows:  A. Sex Education  B. Life Skills  C. Academic  D. Vocational	Sexual Knowledge Questionnaire  ARK Quarterly Staff Evaluations LARC Client Assessment Instrument  ARK Quarterly Staff Evaluations School Records and Reports  ARK Quarterly Staff Evaluations Adaptive Behavior Scale	Sexual Knowledge Questionnaire  LARC Client Assessment Instrument  Comprehensive Test of Basic Skills (CTBS) Follow-up Educational Placement and Training  Follow-up Job Placement or Vocational Training
III. Coordinate Individualized Services	Habilitation Plan versus Annual and Short-term Objectives; Qualitative Case Study	Post-Release Service Referral

Knowledge Questionnaire, the Adaptive Behavior Scale (ABS) and the Comprehensive Test of Basic Skills (CTBS). The fifth and last section on "Post Release Follow-up" (Items 35-39) includes information on the client's community release experience in the areas of education, employment and recidivism. While the ARK Evaluation Case Summary contains the majority of information required for this program evaluation, additional information is required from the recapitulation reports, program budget documents and client files from the Youth Services Program Office and the ARK program itself.

C. ELIGIBILITY AND REFERRALS

According to eligibility criteria spelled out by the LARC, the ARK Program is intended to serve clients who:

- a. are 11-17 years of age.
- b. are mildly to moderately retarded.
- c. have been found guilty of law violations which are not violent in nature. Youths found guilty of (1) murder or sexual battery or (2) with a history of arson, armed robbery, or aggravated battery would be excluded, with the possibility of an exception in category (2).
- d. have no secondary disabilities which would require on-site nursing supervision, supervision beyond that which could reasonably be provided by the facility staffing pattern or ancillary services not available in the Tallahassee community.
- e. are mutual clients of HRS Youth Services and Developmental Disabilities (Retardation) Programs.

Retardation is defined by the American Association of Mental Deficiency (AAMD) as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period." According to the Developmental Disabilities Program, retardation is characterized by "measured intelligence of two or more standard deviations below the mean on an appropriate intellectual assessment instrument." The measured intelligence of a mildly retarded person falls approximately between two and three standard deviations (S.D.) below the mean (69-56 on the Wechsler Scales, plus or minus 5). The intelligence of a moderately retarded person falls approximately between three and four standard deviations below the mean (55-40 on the Wechsler).

In the LEAA grant application for this pilot project the target population was identified as being "retarded offenders with IQ scores 56 and under." Data available at the time indicated that 7 percent (82 clients) of all the youth furloughed (paroled) from training schools during the first six months of 1976 scored within the 56-40 IQ range on the Slosson Intelligence Test (SIT). Subsequent data, however, show a substantial reduction in the percentage of training school youth who score in this IQ range. Three percent of the youth furloughed during the 1978 calendar year scored below 56 on the SIT. Nevertheless, a large

percentage of mildly retarded youth (69-56 IQ range) continue to be handled in training schools. In 1978, 21 percent of the training school furloughees scored within the mildly retarded range on the SIT. Because of the reduction in the number of moderately retarded youth entering training schools, the eligibility criteria was expanded to allow for the provision of services to mildly retarded as well as moderately retarded offenders.

It is important to note that the Slosson Intelligence Test is a brief individual test designed to provide screening information. It is administered to all training school youth at entrance and is used as an initial screening device only. Further testing on the Stanford-Binet or the Wechsler Scales as part of a comprehensive diagnosis and evaluation is necessary before a diagnosis of mental retardation can be made.

The total group of people who are retarded display such a wide variety of ability levels and special needs that there is no single lesson or technique from which all may benefit. It is necessary to evaluate each person individually in order to plan for his habilitation. A determination of eligibility for Developmental Disabilities services has to be made by a specialized diagnosis and evaluation (D&E) team before a youth can be considered for placement at the ARK. The diagnostic evaluation includes the development of a habilitation plan to be used by the ARK in developing an active treatment program of specific services designated to satisfy the requirements of the plan.

The ARK referral process requires that initial referrals be directed to the Youth Services Program Supervisor in HRS District II. They are subsequently forwarded to the LARC's Residential Administrative Supervisor. Referrals are reviewed by the ARK staff within one week of receipt. All staffing decisions on placement are made by a Placement Committee composed of representatives from the Youth Services and Development Disabilities programs in HRS District II, as well as a representative from the LARC.

Information obtained from the referral log maintained by the LARC indicates a total of twenty-eight referrals for placement through the first eleven months of program operation, April 1979 through February 1980. Provided below is a breakdown of referrals by referral source.



<u>REFERRAL SOURCE</u>	<u>NUMBER</u>	<u>PERCENTAGE</u>
Training Schools.....	11	39%
Dozier.....	6	
Okeechobee.....	1	
*Lancaster.....	1	
McPherson.....	3	
HRS Districts.....	12	43%
Sunland Programs.....	5	18%
Miami Sunland....	3	
Marianna Sunland.	2	
	TOTAL	100%
	28	

\*The Lancaster School closed in June 1979

Thirty-nine percent of all referrals were committed youth who had already been placed in a Youth Services institution (training school). Forty-three percent of all referrals were from local HRS districts where most of these youth were in detention awaiting placement in a Youth Services commitment program. Eighteen percent of referrals were from Sunland Programs for the retarded.

Referrals from the local districts were pretty evenly spread out over the eleven month period. However, except for one youth, all of the training school youth were referred during February 1979. Prior to the opening of the ARK facility, staff members from the LARC traveled to three of the four training schools (Okeechobee school excluded) to personally screen potential clients. The only training school referral to the ARK from the Florida School for Boys at Okeechobee was the one referred in June 1979. It is not clear exactly why training school referrals have not been received on an on going basis. It is known that in March 1979 the two largest institutions reported the names of 114 students in their programs who had scored in the mildly and moderately retarded ranges on the Slosson Intelligence Test. Except for five of these students who were referred in February, none of the youth listed were ever officially picked up as referrals for placement. The need exists for clarification of the formal referral process. Specifics need to be spelled out regarding the responsibilities of and the procedures to be used by the different HRS and ARK program components involved.

D. PROGRAM POPULATION (CLIENT DESCRIPTION)

The purpose of this section is to document the client population served by the ARK program. This section will include both a description of client movement into and out of the ARK as well as a summary of the individual characteristics of clients served.

CLIENT MOVEMENT

Since becoming operational in April 1979, the ARK has admitted and released a number of clients under a variety of conditions. Table 3 provides a summary of client movement data based on YS Recapitulation Reports for the eleven month period from April 1979 through February 1980.

The first section of Table 3 indicates the number of new admissions, releases, current clients and child days at the ARK subclassified as committed or non-committed clients. Since April 1979 the ARK has admitted eleven new clients of which six were eventually released from the program, leaving the current population, as of March 1, 1980, at five clients. The table also indicates that of the eleven new admissions, five were eventually released as unsuccessful transfers, producing an in-program failure rate of 45 percent. Some further insight into this failure rate will be provided in the context of the next section which describes client characteristics at the ARK.

The second section of Table 3 indicates the number of days that ARK clients have spent in detention or as runaways, as well as the average length of stay in the program. These figures are presented for all clients admitted to the ARK as well as for those clients at the ARK as of March 1, 1980. It is important to note the substantial difference in child days spent in detention or runaway for the two groups. These figures reflect the fact that the total detention and runaway child days are largely attributable to those clients who were eventually released from the program. Further, an individual case analysis indicates that two former ARK clients who were both unsuccessful transfers account for 86 percent (68) of the child days in detention and 96 percent (69) of the child days as runaway.

Finally, Table 3 indicates the average length of stay for the two groups of ARK clients to date. As the table indicates the average length of stay for the current clients at the ARK is slightly over six months. It is important to note that no ARK clients have yet to be released to the community as of this writing. It should also be recalled from the original LARC program proposal the anticipated length of stay for successful releases was projected to be one to two years. At this time the ARK program is nearing the point when one or two of its earliest admissions may be released to the community in the next few months.

TABLE 3

SUMMARY OF CLIENT MOVEMENT DATA FOR THE ARK

	<u>COMMITTED CLIENTS</u>	<u>NON-COMMITTED CLIENTS</u>
New Admissions	9*	3*
Releases	5	2
Unsuccessful Transfers	-4	Unsuccessful Trans. -1
Accidental Death	-1	Committed to YS -1
** Current Clients	4	1
Child Day at the ARK	901	452
	<u>ALL CLIENTS (11)</u>	<u>CURRENT CLIENTS ONLY (5)</u>
Child Days in Detention (N)	79(4)	11(2)
Child Days as Runaway (N)	72(8)	3(2)
Average Length of Stay (days)	142	189

\*Includes one client admitted as a non-committed case and later released and directly readmitted after having been committed to YS.

\*\*As of March 1, 1980.

## CLIENT CHARACTERISTICS

The purpose of this section is to describe the clients served by the ARK by selected demographic and case history characteristics. Table 4 presents these client characteristics for all clients admitted to the program, and those clients residing at the ARK as of March 1, 1980. As Table 4 clearly indicates, the ARK has been serving high school age, male and predominantly black offenders. The IQ scores for all of the clients served were quite similar. The typical ARK client is a mildly retarded youth. Even though three clients had scores that fell into the moderately retarded range (40-55 IQ range), their scores were very high for this category. Two of the three youths had full scale IQ scores of 55 and the other had a score of 52. ARK clients can be characterized as individuals who have had a significant prior history of contacts with the juvenile justice system as indicated by the average number of previous referrals in Table 4.

At this point, several of the characteristics of the ARK clients require clarification and elaboration. First, Table 4 indicates that ARK clients have been entirely male and predominantly black. It must be clear that this situation is not a result of program design or screening and selection criteria. Instead, a review of the referral logs for the ARK program reveal the significant absence of either female or white juvenile referrals, with rare exception. Thus, these particular characteristics of ARK clients are the result of the referral process itself rather than a function of any program selection process by administrators or staff. In addition, a further examination of Table 4 reveals that of the characteristics discussed so far, there is no substantial difference between groups when comparing all clients with those clients currently participating in the program. On this basis then, it can be tentatively concluded that neither the characteristics of age, sex, race, IQ or number of previous referrals can be used to differentiate those clients who eventually required transfers out of the program and those which have successfully remained.

The remainder of Table 4 presents client characteristics regarding previous referrals for violent offenses, the actual source (e.g. facility or organization) from which ARK clients were admitted, and the type of facility receiving ARK clients upon their unsuccessful transfer from the program. These characteristics are provided for all clients admitted to the ARK and only those clients participating in the program as of March 1, 1980.

TABLE 4

ARK CLIENT CHARACTERISTICS

	<u>ALL CLIENTS (11)</u>		<u>*CURRENT CLIENTS ONLY (5)</u>	
Age	Mean =	16	Mean =	15.5
	Range =	14-18 yrs.	Range =	14-17 yrs.
Sex	Male =	11	Male =	5
	Female =	0	Female =	0
Race	Black =	10	Black =	5
	White =	1	White =	0
IQ	Range =	52-67	Range =	52-65
No. Mildly Retarded		8		2
No. Moderately Retarded		3		3
Previous Referrals	Mean =	10	Mean =	11
No. of Previous Referrals for Violent Offenses		12		1
Source of Admissions				
South Florida State Hospital		3		1
Training Schools		4		2
Group Home		1		1
Detention		1		1
Intake		1		---
Court		1		---
Released To				
Training Schools		3		---
Hospitals		2		---
Accidental Death		1		---

\*As of March 1, 1980

First, Table 4 indicates a substantial difference in the number of prior referrals for violent offenses between the two groups. This difference is even more significant when one recalls that the two groups were essentially similar when considering the number previous referrals regardless of the type of offense. This difference in number of previous referrals for violent offenses, then, can be largely attributed to those clients who were eventually released from the program as unsuccessful transfers. This implies that the ARK program has been ineffective in maintaining and successfully treating clients who have an established record of violent behavior based on previous referrals. On the basis of this program experience, then, a demonstrated history of violent behavior should be considered as part of the screening criteria for admission to the program in an effort to reduce the expenditure of resources on these types of cases which have an increased probability of in-program failure. In this regard, it should be recalled that the program objectives as described in the original grant application specified only the treatment of non-violent retarded offenders as Florida's HRS was already operating two facilities for the treatment of violent retarded offenders. Thus, the incorporation of criteria to screen out potentially violent offenders should assist the ARK in meeting its program objectives by enhancing client targeting and reducing the in-program failure rate.

Next, Table 4 presents the sources of client admissions to the ARK. This information is particularly relevant to any assessment of the ARK's program performance as the original program goals call for the deinstitutionalization of the retarded offender or the treatment of other retarded offenders who would otherwise be institutionalized. As Table 4 indicates, 64 percent (7) of all clients and 60 percent (3) of current clients were admitted directly from institutions such as training schools or state hospitals. In addition 27 percent (3) of all clients and 20 percent (1) of current clients were admitted from detention, intake or the court. Based on their previous record and committed status it is reasonable to assume that these clients might otherwise have been institutionalized had the ARK not been available as a community residential alternative. In sum then it may be concluded that 91 percent (10) of all clients at the ARK have been deinstitutionalized either directly or indirectly. Finally, Table 4 provides further support for this conclusion as it indicates that all clients released as transfers out of the ARK program required (re)institutionalization in a more secure facility.

## E. CLIENT ACTIVITY AND SERVICE DELIVERY

The treatment model devised by LARC for their ARK program consists of a six-bed residential home with 2-4 satellite community placement beds to be added during the second year of the grant. As described in the original grant proposal, the residential home was to be used for the evaluation and treatment of retarded clients whose level of functioning and degree of maladaptive behavior required intensive programming and supervision. Generally, this programming and supervision has consisted of the delivery of a wide range of individualized treatment services in a highly normalized home setting where the majority of training has taken place in the context of regularly occurring daily activities. An individualized treatment curriculum is intended to eventually integrate the ARK client into an independent living situation while minimizing maladaptive behavior by developing the clients' personal and social life skills.

While residing at the ARK, program records indicate full client enrollment in the Educable Mentally Retarded Program (EMR) at the Lincoln High School Learning Center of the Leon County Public School System. The ARK staff has attempted to coordinate and monitor academic education through daily school reports and close communication with school officials. In addition, several ARK clients have received vocational experience through participation in a summer youth program with work placement at the Lively Vocational School in Tallahassee. In addition to daily school or work activities clients are required to share chore responsibilities at the ARK in an effort to develop their personal care and home management skills. In the area of leisure and recreation the program staff have supported client interest and participation in most sports activities which have included swimming lessons and visits to local recreation areas. Further, the ARK staff has attempted to improve independent functioning levels in their clients with supervised community orientation activities including local travel, shopping and banking. Finally, ARK clients have spent periodic intervals on home visits, generally during holiday periods.

As was previously mentioned, the treatment model at the ARK is designed to provide training in a normalized home environment, with full-time residential care and in the context of the daily living activities which includes the activities described above. In addition, the ARK treatment curriculum includes individualized components of educational, training and behavioral intervention services. These individualized components are based on the habilitation plan assessment as well as staff evaluations and priorities. For purposes of monitoring and

evaluating the entire range of service delivery at the ARK, the evaluation case summary (see part II of this report) was designed with a service delivery and client progress inventory (Item 27). The purpose of this section of the case summary is to provide an aggregate view of the individualized service delivery. This inventory was designed to collect information on all program participants regarding areas of treatment services, periods of delivery and client progress. It was intended that this information would be compiled from the LARC Short-term Objectives/Monthly Report Form which specifies treatment objectives from the habilitation plan as well as treatment methods and progress. Despite the design, these completed forms were found to contain insufficient information for purposes of determining client progress. LARC program staff have indicated that these forms are sufficient for this purpose and that the ARK staff will be more thorough in completing the monthly reports to improve the quality of the data reported.

For the purposes of this report, the information provided will be used for the more limited purpose of identifying areas of treatment services and periods of delivery. In addition, this information is available only for a total of five (5) clients. The Short-term Objectives/Monthly Report Forms were not compiled for the six (6) clients whose placement at the ARK was less than three months in duration. This initial period of three months was usually required for evaluation and assessment before individual treatment objectives could be established and the Monthly Report Forms completed.

Table 5 presents a summary of the areas of treatment service delivery for five ARK clients based on completed LARC Short-term Objectives/Monthly Report Forms. First, Table 5 indicates that ARK clients have received services in nine of thirteen treatment areas specified in HRS habilitation plans. This range of services underscores the milieu oriented treatment modality of the ARK program. In addition, the percentage of clients and number of treatment months in these areas reveals a clear emphasis in the areas of therapeutic recreation, self-care, daily living and social skills, as well as human growth and development. These areas of emphasis reflect treatment priorities based on individual needs assessment by program staff. This treatment emphasis also reflects the program's delivery of services in the context of daily living activities and its client-oriented objectives in the areas of developing the personal and social skills necessary for eventual independent living.



TABLE 5

AREAS AND PERIODS OF TREATMENT SERVICES FOR  
ARK CLIENTS (5) FROM THE LARC SHORT-TERM  
OBJECTIVES/MONTHLY REPORT FORM

<u>AREAS OF CLIENT</u> <u>TREATMENT SERVICES</u>	<u>% OF CLIENTS</u> <u>RECEIVING TREATMENT</u>	<u>TOTAL NUMBER OF</u> <u>MONTHS OF TREATMENT</u>
Psychological	20%	2
Psychosocial	20%	2
Medical	40%	5
Therapeutic Recreation	60%	15
Therapeutic Visits	20%	2
Self-Care Skills	40%	23
Daily Living Skills	100%	54
Human Growth and Development	100%	18
Social Skills	100%	34

## F. CLIENT PROGRESS

The purpose of this section is to provide an assessment of the progress of clients in reaching their individual treatment objectives as developed by the ARK staff. As described in section A of this report, these client-oriented program objectives involve decreasing delinquent and maladaptive behaviors, and increasing knowledge and skills in specified areas of personal and social life functioning. Even though procedures for data collection were implemented, information on specific treatment objectives, treatment methods, and progress in meeting objectives was not sufficiently reported to allow for the in depth analysis of client progress expected.

After this first year of program operation, data are available only for short-term outcomes which can be used in assessing the "program adjustment" of ARK clients. Data regarding the "community adjustment", or the long-term outcome of program treatment will not be available until the first ARK clients have been released to the community and enough time has been allowed for a meaningful follow-up period. Client data regarding rule violations, unusual incident reports and program level advancement is used as short-term outcome indicators for ARK clients regarding the frequency of delinquent and maladaptive behavior. ARK Quarterly Staff Evaluation Reports, as well as test/retest scores for the Sexual Knowledge Questionnaire and LARC Group Home Assessment, are used as short-term outcome indicators regarding improvements in knowledge and skills for specified areas. Outcome data for each of these short-term indicators was analyzed and will be presented for only those clients who have been successfully maintained in the program for a sufficient period to provide meaningful information (n = 3).

### DELINQUENT AND MALADAPTIVE BEHAVIOR

Figure 1 presents individual data for the three ARK clients (A, B, C) regarding total number of rule violations during each month of their program participation. For purposes of interpretation, the number of rule violations during the second month of program residence (first full month in program) is used as a baseline for the comparison of subsequent periods. On this basis then, Figure 1 indicates a pattern of considerable variation in rule violations from month to month for all three clients. Figure 1 also indicates that rule violations during the most recent months are generally at or below baseline levels. From Figure 1 it can be tentatively concluded that these clients have demonstrated, even though inconsistent, a reduction in rule violations while residing at the ARK. This trend should serve as one positive indicator of client progress in program adjustment and in decreasing the frequency of maladaptive behaviors.

FIGURE 1

RULE VIOLATIONS FOR THREE (3) ARK CLIENTS FOR EACH MONTH IN PROGRAM

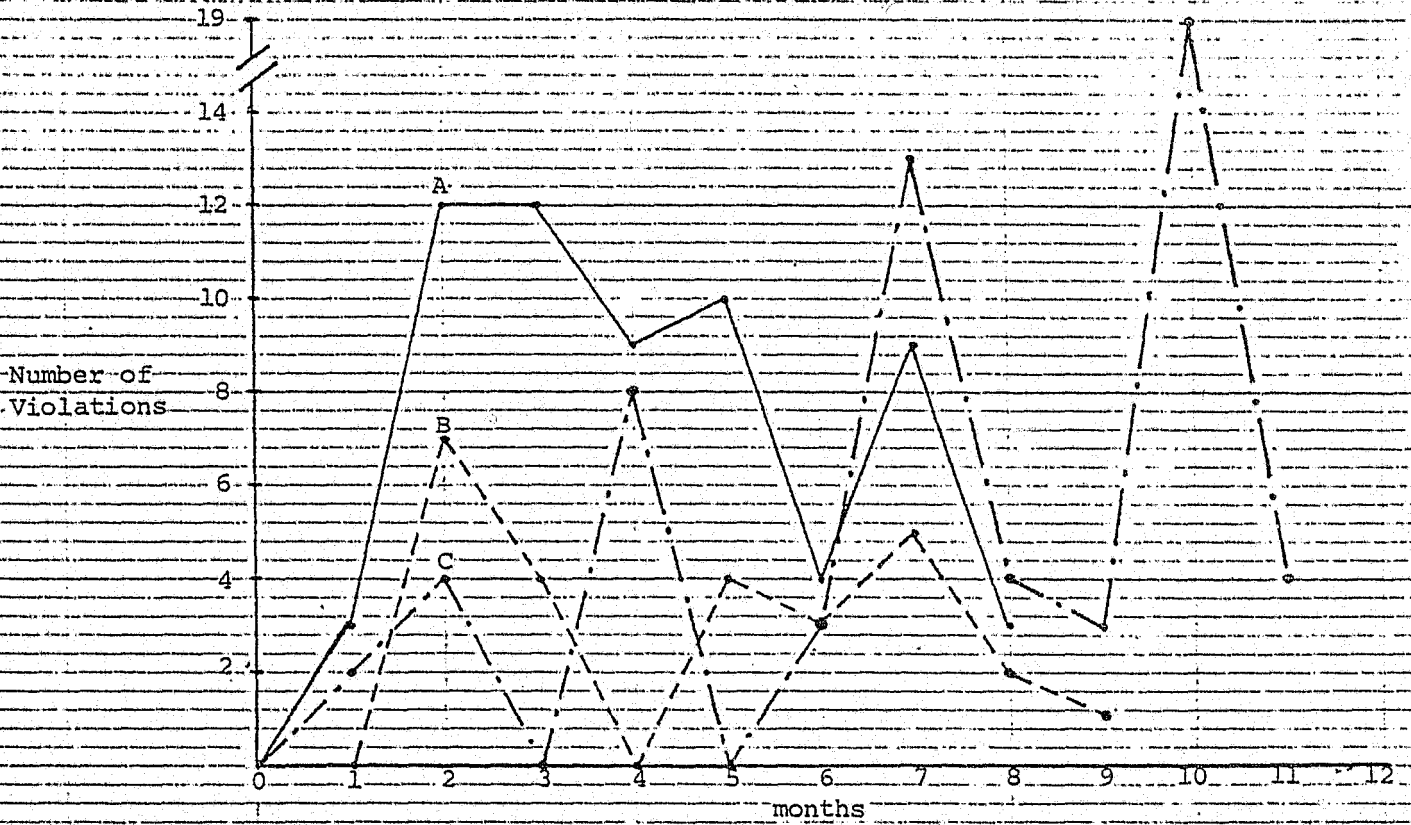
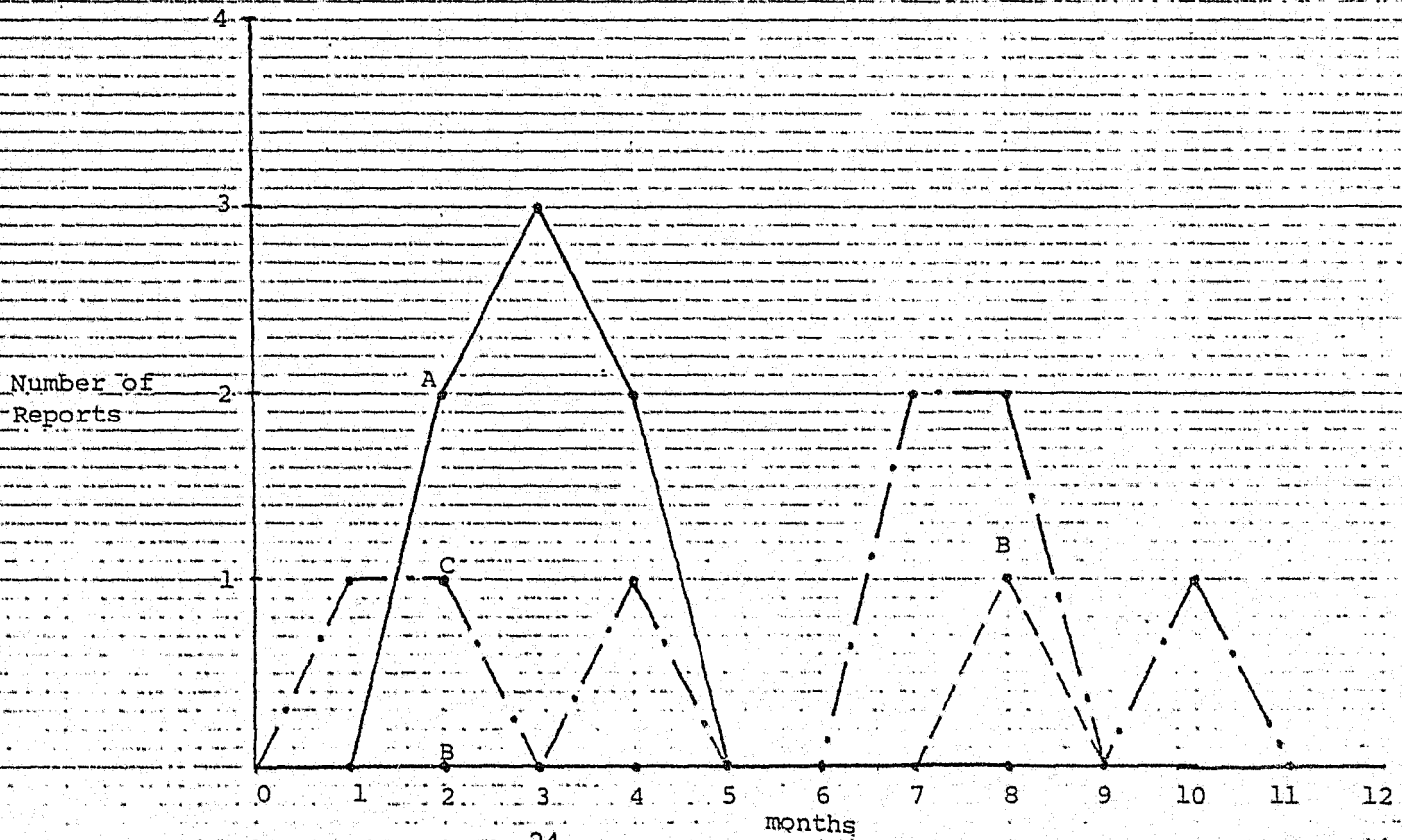


FIGURE 2

UNUSUAL INCIDENT REPORTS FOR THREE (3) ARK CLIENTS FOR EACH MONTH IN PROGRAM



Next, Figure 2 presents the total number of unusual incident reports for individual clients during each month of their program participation. Unusual incident reports are filed only for major violations or infractions including runaway, fighting, and other serious disciplinary infractions. Again using the first full month in the program as a baseline, Figure 2 indicates an inconsistent but decreasing pattern of unusual incidents for all three clients. Figure 2 also indicates that all three clients have had few or no unusual incidents while at the ARK in the last few months. Along with the data on rule violations, this information may also serve as a positive indication of decreasing frequencies of delinquent and more seriously maladaptive behaviors.

Finally, Table 5 presents client data regarding program level advancement for the same individuals through the month of February 1980. The ARK Program Levels serve as a graded - tier system based on points. The accumulation of points is based on successful completion of specified program and personal activities or violation free periods in residence. Each increase in level is associated with an increase in client privileges and responsibilities. Table 5 includes data regarding the total number of client days and periods of residence at each program level. In addition, Table 5 indicates the current program level for each client for the period ending February 1980.

TABLE 5

NUMBER OF DAYS AND NUMBER OF PERIODS OF RESIDENCE  
AT ALL ARK PROGRAM LEVELS FOR THREE CLIENTS

<u>Client/Level</u>	<u>I</u>	<u>II</u>	<u>IIIA</u>	<u>IIIB</u>
A	67(3)*	118(3)	26(1)	---
B	52(1)	106(2)	86(2)*	---
C	85(3)*	233(3)	23(1)	---
<u>TOTAL</u>	<u>204(7)</u>	<u>457(8)</u>	<u>135(4)</u>	<u>---</u>

\*Current Program Level as of March 1, 1980.

Table 5 indicates that all three clients have spent a substantial amount of time on each of the first three program levels. It is important to note that no ARK clients have successfully completed any periods of residence at the highest program level, level IIIB, which is necessary before any community release decision. Table 5 also indicates that all three clients have spent the largest portion of resident days on program level II. Further, while all three clients have advanced to periods of residence on level IIIA, only client B is currently maintaining this program level and may be prepared for release in the next few months. Clients A and C, however, are currently being maintained on program level I.

In summary, Table 5 indicates that all three ARK clients have made substantial though inconsistent progress in advancing to higher program levels with one client currently nearing readiness for release to the community. Finally, based on all preceding client data regarding rule violations, unusual incidents and program level advancement, it can be concluded that the three clients being currently maintained at the ARK program have shown clear though inconsistent progress in reducing their frequency of delinquent and maladaptive behavior.

#### INCREASE KNOWLEDGE AND SKILLS

Table 6 presents data regarding the results of test and retest comparisons (4-5 month intervals) of client scores on the Sexual Knowledge Questionnaire. This instrument has been used for the periodic collection of client data regarding accumulated knowledge of sexual functioning in the areas of biology, behavior and human relationships. Table 5 presents individual client data on test scores as the percent of change in each area for test and retest comparisons. The percent of change for overall test scores are also presented.

TABLE 6

PERCENT OF CHANGE IN TEST/RETEST SCORES FOR THREE ARK CLIENTS ON THE SEXUAL KNOWLEDGE QUESTIONNAIRE

CLIENT	TEST SECTIONS			TOTAL
	BIOLOGICAL	BEHAVIOR	RELATIONSHIPS	
A	+17%	0%	+32%	+17%
B	+15%	+57%	+38%	+30%
C	+29%	+50%	+31%	+34%
				$\bar{x}$ = +27%

Table 6 indicates a positive improvement in total test scores for all three ARK clients on the Sexual Knowledge Questionnaire with an average improvement of +27 percent overall. Further, these clients generally have also demonstrated improvement in each of the individual test areas of sexual functioning as well. This improvement in test scores on the Sexual Knowledge Questionnaire should serve as a positive indication of client progress toward increasing knowledge in this important area of personal and social functioning.

Next Table 7 presents data regarding the results of test and retest comparisons (8-9 month intervals) of client scores on the LARC Group Home Assessment. This instrument was developed by LARC to be used in all its programs to periodically evaluate client knowledge and skills in specified areas of personal and social life functioning, including personal finances, home management, community orientation and personal care. Table 6 presents individual client data for test scores as the percent of change on each specific section and the total test as well.

TABLE 7  
PERCENT OF CHANGE IN TEST/RETEST SCORES FOR  
THREE ARK CLIENTS ON THE LARC GROUP HOME ASSESSMENT

Client	TEST SECTIONS				Total
	I Personal	II Home Management	III Community Orientation	IV Personal Care	
A	+26%	+36%	+30%	+29%	+31%
B	+29%	+28%	+42%	+64%	+39%
C	+12%	+32%	+33%	+25%	+30%
					$\bar{x}=+33\%$

Table 7 indicates a significant and consistent positive improvement in total test scores and individual test sections for all three ARK clients on the LARC Group Home Assessment instrument, with an average overall improvement of one-third (+33%). This improvement on test scores for the LARC Assessment and the Sexual Knowledge Questionnaire should serve as significant

positive indications of increased knowledge and skills for ARK clients in several important areas of personal and social life functioning.

Finally, a review of Quarterly Staff Evaluation Reports indicates satisfactory to above average performance for all three clients in most areas of program participation and personal functioning. Of particular significance is the indication of satisfactory school performance based on staff review of daily school reports and grade cards. This area of satisfactory school performance is particularly significant because the clients' academic experiences and records prior to participation at the ARK were generally negative and unsatisfactory. Though subjective, these staff evaluations also indicate a general feeling of optimism and a positive prognosis for the eventual release of these three ARK clients to the community.

#### CONCLUSIONS REGARDING CLIENT PROGRESS AT THE ARK

In the previous sections, individual client data was presented regarding rule violations, unusual incidents, program level advancement, standardized test scores and staff evaluations. These data were used to assess the progress of ARK clients in reaching treatment objectives in the areas of decreasing delinquent and maladaptive behavior, and increasing knowledge and skills in specified areas of personal and social life functioning. Based on this previous analysis of client data, all three clients have demonstrated substantial and positive progress in reaching the treatment objectives. Specifically, the progress of ARK clients has been conclusive and consistent in the area of increasing knowledge and skills while progress in decreasing the frequency of delinquent and maladaptive behavior has been substantial but less consistent.

## G. COST ANALYSIS

This section represents a limited attempt at developing a cost analysis of the ARK Program for retarded offenders. The analysis presented here should be valuable for monitoring program performance over time. Extreme care should be exercised in making conclusions regarding the cost figures displayed in this report. Consideration should be given to the dynamics of program implementation and the nature of the habilitative program itself.

### DATA DEFINITIONS

The data displayed in this section includes essentially four types of information.

1. Cost Data - This includes both the budgeted and actual cost per child day along with an indication of what the actual cost per child would have been had the program operated at a full capacity of six beds. The figures cited include the LEAA grant allocation and the CRPP (Community Residential Placement Program) subsidy provided by the HRS Development Disabilities program.

2. Client Volume Data - This includes the average daily population for January - December 1979, as well as the total number of child service days delivered for the same period. Also provided is an effectiveness measure of program capacity utilized. This is the actual average daily population divided by the budgeted average daily population.

3. Average Length of Stay - This is defined as the average number of days spent in the program during 1979 by who entered during the period. None were successfully released during the period, however, some were transferred to different programs. This figure was derived by dividing the total number of child days by the number of clients (10) admitted during the year.

4. Cost Per Case - This is the average cost per client in the program and is derived by multiplying the actual cost per child day by the average length of stay.



COST RELATED FIGURES

	<u>January-December 1979</u>
1. Total number of child days	1,049
2. Average daily population	.2.9
3. Budgeted cost/child day	\$56.58
4. Actual cost/child day	\$91.59
5. Actual cost/child day (if full utilization)	\$43.87
6. Average length of stay	105 days
6. Cost per case	\$9,607.79
7. Percentage of program capacity utilized	48%

DISCUSSION

The cost data presented (actual cost per child day and cost per case) is distorted by factors that center around the volume of clients handled during 1979. The program did not begin to accept clients until April 1979. The average daily population would be 3.8 clients if only the nine months of actual client participation were considered. While this is still below the budgeted figure of six clients, it is somewhat understandable considering the shortage of eligible referrals and the problems encountered (child days lost due to runaway and detention period) as a result of admitting youth with a history of violent behavior. As expected, these clients proved to be too aggressive for program participation and they were eventually transferred out to more secure placements. If the program had been utilized at full capacity the actual cost/child day would have been only \$43.87, which is less than the budgeted cost of \$56.58. While the budgeted cost is high for Youth Services programs, it is the same as the budgeted cost of the Juvenile Retarded Offender Program (JROP) in HRS District VI. The JROP is a comparable program which operates to serve the violent retarded offender.

During the second year, the ARK facility is expected to operate at capacity. In fact, because of the addition of four foster satellite beds in the community, the total population served will be ten rather than six clients. Providing these placements, at little additional cost, will have a substantial impact upon reducing the actual cost per child day and the cost per case.

H. APPENDIX

ARC EVALUATION CASE SUMMARY

I. Client Information

1. Client's Name: LAST FIRST MIDDLE 2. DYS Identification No.

3. Home Address: (Street, Number, City, County, State)

4. Sex: Male 1  Female 2  5. Date of Birth: / / 6. Date Admitted: / /

7. Race: 1  White 2  Black 3  Other \_\_\_\_\_ 8. Social Security Number

9. IQ Rating: Score(s) \_\_\_\_\_ Test(s) Used \_\_\_\_\_

10. Education (Check highest grade completed at admission):

- 0  None
- 1  Grades 1-6
- 2  Grade 7
- 4  Grade 8
- 5  Grade 9
- 6  Grade 10
- 7  Grade 11
- 8  H.S. Graduate
- A  Ungraded Classes
- B  Unascertained

11. Family Annual Income: \$ \_\_\_\_\_

12. Family Structure:  Place in block applicable number from this list:

- 1. Both Natural Parents
- 2. Natural Mother Only
- 3. Natural Father Only
- 4. Natural Mother and Stepfather
- 5. Natural Father and Stepmother
- 6. Both Step Parents
- 7. Grandparents or Other Relatives
- 8. Foster Parents (Including Adoptive)
- 9. None

13. Number of Siblings:   Fill in number of step and half siblings.

II. Client History

14. Disposition and Evaluation:

- Completed; Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Attached  
 Not Completed; Comment(s) \_\_\_\_\_

15. Source of Referral (to ARC):  
(Specify) \_\_\_\_\_

16. Date of Referral  
\_\_\_\_/\_\_\_\_/\_\_\_\_

17. Status at Time of Referral: \_\_\_\_\_

18. Offense(s) Upon Which Current Disposition Was Made: \_\_\_\_\_  
\_\_\_\_\_

19. Case Disposition at Time of Referral: \_\_\_\_\_  
\_\_\_\_\_

20. Date Placed on Current Status and Disposition:

\_\_\_\_/\_\_\_\_/\_\_\_\_

21. Type of Commitment (if # 19 is commitment):

- 1. First Commitment
- 2. Recommitment
- 3. Revocation from Aftercare
- 4. Transfer DOC

22. All Previous Referrals (Specify including dates):  
\_\_\_\_\_

23. All Previous Dispositions (Specify including dates):  
\_\_\_\_\_

24. Previous Placement History (Specify all other placements including dates):  
\_\_\_\_\_

25. Date of Release from ARC:

\_\_\_\_/\_\_\_\_/\_\_\_\_

26. Type of Release from ARC:

\_\_\_\_\_

### III. Program History

#### 27. Program Service Delivery and Client Progress

Type of Client Service	Periods of Delivery and Client Progress													
	Months	I	2	3	4	5	6	7	8	9	10	11	1	
I. Psychological	Involvement													
	Progress													
II. Psychosocial	Involvement													
	Progress													
III. Medical, Dental, etc.	Involvement													
	Progress													
IVa. Physical Therapy	Involvement													
	Progress													
IVb. Occupational Therapy	Involvement													
	Progress													
V. Educational (Academic)	Involvement													
	Progress													
VI. Therapeutic Prevention	Involvement													
	Progress													
VII. Therapeutic Visits	Involvement													
	Progress													
VIII. Self-Care Skills	Involvement													
	Progress													
IX. Daily-Living Skills	Involvement													
	Progress													
X. Human Growth & Development	Involvement													
	Progress													
XI. Social Skills	Involvement													
	Progress													
XII. Vocational	Involvement													
	Progress													

Scoring for Services Delivery and Client Progress

Involvement: 0-No involvement in this service area this month.  
 1-Involvement in this service area this month.  
 9-Does not apply.

Progress: Below Average      Average      Above Average  
 1                                      2                                      3

---

28. Rule Violations (Specify Type and Date):

\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_

---

29. Unusual Incidents (Specify Type and Date):

\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_\_

---

30. Program Level Advancement (Specify All Beginning Dates):

Level I:    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Level II:    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Level III:    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_

---

31. LARC Group Home Assessment

Admission

Retest(s) Date

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

ITEMS	SCORE	RETEST(S) SCORE		
IA.				
B.				
C.				
D.				
E.				
IIA.				
B.				
C.				
D.				
E.				
IIIA.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
IVA.				
B.				
C.				

32. Sexual Knowledge Questionnaire:

Pretest

Retest(s) Date

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

SECTION	SCORE	RETEST(S) SCORE		
Biological				
Behavior				
Relationship				
Attitudes				

33. Adaptive Behavior Scales (ABS):

SCALE	Pretest	Retest(s) Date		
	SCORE	RETEST(S)	SCORE	SCORE
<u>Part I</u>				
Independent Functioning				
Physical Development				
Economic Activity				
Language Development				
Number and Time Concept				
Occupation-Domestic				
Occupation-General				
Self-Direction				
Responsibilities				
Socialization				
<u>Part II</u>				
Violent Destruction				
Antisocial				
Rebellious				
Untrustworthy				
Withdrawal				
Stereotyped				
Interpersonal				
Vocal				
Executive				
Sexually Aberrant				
Disturbances				
Medications				



34. Comprehensive Test of Basic Skills (CTBS):

SECTION	Pretest	Retest(s) Date		
	SCORE	SCORE	SCORE	SCORE
Vocabulary				
Comprehension				
<u>Reading Total</u>				
Mechanics				
Expression				
Spelling				
<u>Language Total</u>				
Computation				
Concepts				
Applications				
<u>Arithmetic Total</u>				
Total				
Reference Mats				
Graphic Mats				
<u>Total</u>				

V. Post-Release Follow-up

35. Post-Release Education (Academic):

A. Was client placed in an educational program upon release? 1.  Yes 2.  No

Date of initial placement: From \_\_\_\_\_ To \_\_\_\_\_

Name of Initial Placement Program: \_\_\_\_\_

Address: \_\_\_\_\_

Status: \_\_\_\_\_

Number of hours attended each week: \_\_\_\_\_

B. Was client attending an educational program during this period? 1.  Yes 2.  No

Date of last attendance: From \_\_\_\_\_ To \_\_\_\_\_

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_

Status: \_\_\_\_\_

Number of hours attended each week: \_\_\_\_\_

36. Post-Release Employment (and Training):

A. Was client placed in a job (or training) upon release:

1.  Yes 2.  No

Date of initial placement: From \_\_\_\_\_ To \_\_\_\_\_

Initial Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of hours worked each week: \_\_\_\_\_

Net weekly salary \$ \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

B. Was client employed during follow-up period?

1.  Yes 2.  No

Number of jobs held this period: \_\_\_\_\_

Date of last employment: From \_\_\_\_\_ To \_\_\_\_\_

Present (or most recent) Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of hours worked each week: \_\_\_\_\_

Net weekly salary \$ \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

37. Post-Release Details:

Date of Referral	Source of Referral	Change	Description of Offenses (from agency records)

Date of Disposition	Description of Disposition (include details of any confinements including duration):

38. Comment on All the Above:

39. Attachments:

D&E

Recapitulation Reports

HD

ATP

**END**